

IREDELL HEALTH SYSTEM

Pharmacy Scope of Service/Care	
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P&T Committee	Approval Date: 10/2020

I. ROLE STATEMENT

Iredell Health System (IHS) Pharmacy consists of team members who are dedicated to providing quality services that contribute to optimal pharmaceutical care for all patients served by IHS. This is accomplished by providing the right medication to the right patient at the right time while being cognizant of cost.

Pharmacy Goals include:

- To provide services that meet patient needs
- To provide services that meet accepted ethical and professional standards
- To provide services that meet all legal requirements
- To improve the quality of pharmacy services
- To provide services to all customers that meet or exceed their expectations
- To advance the knowledge of health care professionals
- To promote personal and professional growth of the pharmacy team

II. SCOPE OF CARE/SERVICE

Pharmacy Services, in collaboration with other system and medical team members, provides the following scope of services and care:

- A. Provides a safe, uniform system for dispensing medications. Components of this system include, but are not limited to, the following: computerized unit-dose drug distribution system, unit-based automated dispensing machines, controlled substance distribution system, medication barcode scanning and a crash cart exchange system.
- B. Develops procedures that minimize errors associated with the preparing, compounding, packaging and labeling of medications utilizing available technology such as medication barcode scanning, and assures team member safety. Compounding activities are accomplished in accordance with USP regulations.
- C. Maintains a formulary of readily available medications. Formulary medications are reviewed and approved by the Pharmacy and Therapeutics Committee based on efficacy and safety. Provides a mechanism for obtaining medications that are not available on formulary, if necessary.

- D. Procures medication through authorized sources. Manages medication procurement, distribution and inventory using inventory management software and medication barcode technology.
- E. Appropriately stores and secures medications meeting regulatory compliance.
- F. Monitors medication recall, withdrawal and discontinuation notices and takes appropriate actions.
- G. Provides personalized medication management services. Clinical pharmacy services include:
 1. Medication monitoring, including therapy review for safety and appropriateness with consideration for drug allergies, therapeutic duplications, drug-drug interactions, dose optimization based on the patient's age, weight, clinical status and indication for therapy, IV to PO conversion potential, and therapeutic drug level results.
 2. Supplemental monitoring of medication effects, as needed, to help ensure optimal use of medications.
 3. Documents clinical interventions
 4. Providing drug information to patients/caregivers and other healthcare professionals.
 5. Conducting ongoing medication use evaluations and assessing medication use compliance.
 6. Participation in multidisciplinary patient care rounds.
 7. Participation in investigational drug studies, as required
 8. Participation in antimicrobial stewardship activities
- H. Supports and participates in the education and training of providers and facility team members in the area of medication management and use.
- I. Works with other healthcare professionals to promote standardized medication administration processes ensuring that the 7 rights of medication administration are followed: right drug, right dose, right patient, right route, right time, right reason, right documentation.
- J. Maintains appropriate records in an easily retrievable format pursuant to state and federal regulations.
- K. Monitors accuracy and appropriateness of patient medication orders to ensure all required elements are present.
- L. Maintains a medication listing service to provide accurate medication histories to assist with patient medication reconciliation.
- M. Contracts with Iredell Health System-owned, non-provider based entities to provide oversight of pharmaceutical management.

Patient populations served may include: Neonates (birth-1 month), infants (1 month-1 year), pediatrics (1-12 years), adolescents (13-17 years), adults (18-65 years) and geriatrics (>65 years).

The pharmacy department is located on the ground level of Iredell Health System. Service is available 24 hours a day, 365 days per year.

Memorandums of understanding (MOU) are maintained between IHS Pharmacy and relevant entities regarding the provision of certain professional and administrative services. These MOUs are reviewed annually.

III. DEPARTMENT DIRECTOR

The pharmacy leader is a Registered Pharmacist with the North Carolina Board of Pharmacy. Through continued learning, seminars, and workshops, the leader stays abreast of the continually changing field of pharmacy. The leader measures the effectiveness of the pharmacy's contribution to improving performance and patient safety through multiple quality and performance metrics.

The pharmacy director reports to the Vice President of Operations. Registered pharmacists and certified pharmacy technicians staff the pharmacy.

Role description: See job description for Pharmacy Director.

IV. DEVELOPMENT OF POLICIES, PROCEDURES AND STANDARDS

Pharmacy policies describe the medication use process components managed by the pharmacy department. Internal pharmacy department policies and procedures are developed collaboratively with pharmacy team members. Pharmacy team members are encouraged to give input through department meetings and communication with pharmacy leadership.

Medication use policies and procedures that impact other healthcare providers are developed collaboratively among representatives from pharmacy, representatives from the areas or disciplines involved, and other system representatives as needed. These policies and procedures reflect current professional standards and applicable federal, state, and local laws and regulations.

Pharmacy policies and procedures are intended to:

- Ensure optimum clinical results and a minimum potential for harm
- Establish drug distribution controls
- Promote consistency, continuity, and safety
- Aid in orientation, education, and training
- Aid in evaluating job performance

Pharmacy policies and procedures will be reviewed at a minimum of every 3 years and revised as necessary.

V. COMMUNICATION AND COORDINATION OF INTERNAL ACTIVITIES

Communication is coordinated via the pharmacy leader. The pharmacy leader communicates by attending leadership meetings, management team meetings, e-mail and ad hoc meetings with other leaders. The pharmacy leader is responsible for

communication within the department.

Communication with other departments (external) and medical team members include: team and committee participation with routed minutes, computerized recordkeeping, memos, therapeutic newsletters, fax, in-services, E-mail, and telephone communication.

VI. INTEGRATION OF SERVICE

Pharmacy coordinates services with the needs of the individual departments. Medications are supplied via automated dispensing cabinets and directly from the pharmacy department. Medications are delivered by pharmacy or nurse messenger. Automatic dispensing cabinets (ADC) are also located in the anesthesia and OR departments as well as other ancillary departments. Emergency medication carts and/or supplies are strategically placed throughout the facility, with medications maintained by the pharmacy department.

Pharmacy services are integrated with all medication use functions and systems. The pharmacy department is represented on joint practice teams and any team which reviews processes surrounding medication use. The department is also represented on safety, regulatory and continuous improvement committees. Pharmacy presence occurs as needed on nursing committees and as requested for provider committees.

Customers that depend upon pharmacy services include patients and their families, nursing, clinical team members, providers, licensed independent practitioners, and other departments of IHS. In addition, vendors that interact with IHS pharmacy include wholesaler, pharmaceutical companies, and medical equipment vendors.

VII. RESOURCE ALLOCATION

The pharmacy leader determines the resource needs of the pharmacy department based on current laws and regulations and by review of pharmacy processes. Recommendations and requests for additional resources are communicated on an as needed basis or through the budgeting process. The pharmacy budget is prepared by the pharmacy leader each year based on the previous year's performance, predicted patient services by IHS financial services, predicted increases in salaries, and predicted increases in costs from various sources.

VIII. AVAILABILITY OF QUALIFIED STAFF

The pharmacy department is comprised of 31.25 FTEs: (1) Director, (1) Clinical Coordinator, (1) Pharmacy Technician Supervisor/Pharmacy Buyer, (1) Automation Coordinator, (11.75) FTE Pharmacists, (12) FTE Certified Pharmacy Technicians, and (3.5) FTE Medication Reconciliation Technicians.

Adequate staffing to meet scope of care/service:

First shift: 5.5 Pharmacists (2 on weekends); 5.5 Technicians (3 on weekends); 1

Medication Reconciliation Technician

Second shift: 2.5 Pharmacists (1 on weekends); 2.5 Technicians (2 on weekends); 1

Medication Reconciliation Technician

Third shift: 1 Pharmacist; 1 Technician

Qualifications:

Pharmacists: BS Pharmacy or PharmD. degree; graduate from an ACPE accredited School or College of Pharmacy; licensed to practice pharmacy in the State of North Carolina.

Technicians: Pharmacy Technician Certification Board (PTCB) certification required; registration with North Carolina Board of Pharmacy.

Competency is maintained via system, and department-specific annual mandatory education or training. Continuing education is available on an ongoing basis.

Pharmacists and technicians are required to annually maintain their registration with the North Carolina Board of Pharmacy. Technicians are required to maintain their PTCB status. Skills and knowledge are also verified prior to the use of any new equipment.

IX. QUALITY CONTROL PROGRAM

Quality indicators are tracked by the pharmacy and reported to the Pharmacy and Therapeutics Committee and/or other process improvement committees. The pharmacy leader in collaboration with other entities determines which indicators to monitor.

Quality control activities are delegated to pharmacy team members and leaders and include, but are not limited to, the following:

1. Medication event reporting and monitoring
2. Medication storage area inspections
3. Controlled substance accountability
4. Compliance with USP regulations

X. CONTINUOUS (CLINICAL) IMPROVEMENT ACTIVITIES

Medication use is a multidisciplinary activity requiring effective management coordinated among various departments and health care professionals. Assessment of trends in risk and safety data is utilized to identify potential process improvement.

- Proactive review of medication use process (e.g., FMEA technique) and ongoing review of medication safety information (e.g. USP, ISMP & FDA)
- Retrospective identification of medication use issues impacting patient safety (e.g. event reports) that are referred to pharmacy leadership and medication safety team members/committees.
- Concurrent review of quality assessment monitors

Quality improvement projects identified in a concurrent, proactive or retrospective manner are referred to quality improvement teams.

XI. PATIENT SAFETY

IHS Pharmacy has a commitment to patient safety at every level and strives to create and sustain a culture focused on ensuring the safety of every patient. IHS Pharmacy will continually improve processes to reduce and eliminate medication errors. Pharmacy participates on safety committees and in any root cause analysis or comprehensive safety analysis (CSA) involving medications.

Patient safety activities include:

1. Collection of information, analysis, and reporting of adverse drug events and reactions.
2. Reporting of medication product defects to FDA Med Watch.
3. Identifying opportunities to reduce the potential for medication errors through process and system improvement.
4. Participation in surveys to assess the culture of the organization.
5. Clinical review and medication order verification by pharmacists.
6. Creation of a supportive culture/environment which encourages error reporting.
7. Barcoding of medications

INITIAL EFFECTIVE DATE	November 2020
DATE REVISIONS	
EFFECTIVE	
DATE REVIEWED	
Date Due for Next Review	November 2021